

# SECTION OF EMS AND TRAUMA SYSTEMS

## AIRCRAFT INSPECTION CHECKLIST

SERVICE I.D. \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_ TYPE: ROTARY \_\_\_\_ FIXED \_\_\_\_  
 REGISTRATION NUMBER \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_  
 DECAL \_\_\_\_\_ - AM **TIME STARTED** \_\_\_\_\_ **TIME ENDED** \_\_\_\_\_  
 INSPECTOR'S INITIALS \_\_\_\_\_

### I. **AIRCRAFT SPECIFICATIONS:**

Loading doors that allow safe handling of patient without unnecessary rotation or elevation. \_\_\_\_\_

Lighting that is isolated from the pilot compartment. \_\_\_\_\_

Patient stretcher or litter is sufficiently isolated from the pilot to prevent Interference with the operation of the aircraft. \_\_\_\_\_

Appropriate survival kit or supplies \_\_\_\_\_

Headset communication between pilot and aircrew \_\_\_\_\_

Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft. \_\_\_\_\_

### II. **COMMUNICATIONS:** **(Helicopter Only)**

Communication capability from aircraft to receiving facility on EMS Frequency:

**155.340 mHz.** \_\_\_\_\_ **155.235 mHz.** \_\_\_\_\_ **155.280 mHz.** \_\_\_\_\_

See Mass Casualty Rules & Regulations for required radio frequencies.

### **(Fixed Wing & Helicopter)**

Communication on the aircraft frequencies (108-136 mHz) \_\_\_\_\_

### III. **EQUIPMENT:**

FAA Approved attachment for stretcher/litter system.  
 (Completed FAA 337 Form or STC for the aircraft) \_\_\_\_\_

FAA Approved attachment for oxygen system with oxygen supplies  
 (Masks, tubing, flowmeter) (Completed FAA 337 Form or STC for the aircraft) \_\_\_\_\_

Patient sheets _____	Pillow _____
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Blanket _____	Pillowcase _____
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Dressings _____	Portable suction _____
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BVM (Adult and Child) _____	Trauma Bands _____
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BP System <b>(Infant, Child, Adult &amp; Lg. Adult)</b> _____	
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OPAs _____	Isolation Kits (2) _____
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Flashlight _____	Monitor/Defib. _____
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ACLS Protocol Drugs _____	Fluid Repl. Solution _____
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I.V. Catheters _____	I.V. Admin. Sets _____
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Needles (various) _____	E.T. Kit/tubes _____
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Scalpel _____	O.B. Kit _____
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Window Punch _____	Pulse Oximetry _____
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Adult & Pedi ETCO2 Detector _____	(1 each) (Capnography Monitor Accepted)
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# SECTION OF EMS AND TRAUMA SYSTEMS

## AIRCRAFT

### REQUIRED MEDICATION CHECKLIST

**Injectable Meds:**

\_\_\_\_\_ Antiarrhythmic  
 \_\_\_\_\_ Atropine- minimum 4 mg  
 \_\_\_\_\_ Epinephrine 1:1000- minimum 5 mg  
 \_\_\_\_\_ Epinephrine 1:10,000- minimum 10 mg  
 \_\_\_\_\_ Dextrose 50%- minimum 100 ml  
 \_\_\_\_\_ Diuretic  
 \_\_\_\_\_ Lidocaine (Bolus) minimum 600 mg  
 \_\_\_\_\_ Narcotic Antagonist

**Oral Meds:**

\_\_\_\_\_ Aspirin 81-325mg  
 \_\_\_\_\_ Nitroglycerine (0.4 mg): 1btl. or 1 sprayer

**Intravenous Infusions:**

\_\_\_\_\_ 0.9% NaCL or LR  
 \_\_\_\_\_ Lidocaine  
 \_\_\_\_\_ Dopamine

**Inhaled Meds:**

\_\_\_\_\_ Inhaled Beta Agonist

**Optional Skills**

Adult I/O (Tibial & Humerus)  
**(2 Adult needles)** \_\_\_\_\_  
 CPAP \_\_\_\_\_  
 Huber Needles \_\_\_\_\_  
 Central Venous Device Access \_\_\_\_\_  
 Cardiac Thrombolytic Meds. \_\_\_\_\_

The above skills are optional;  
 ambulance service's medical director  
 will select equipment utilized.  
 Protocol submission/approval required  
 by Section of EMS prior to  
 implementation.

#### REQUIRED CONTROLLED DRUGS

Must follow Ambulance Service's Controlled Drug Policy for storage as  
 on file with the Section of EMS & Trauma Systems

\_\_\_\_\_ \*Injectable Narcotic analgesic  
                     Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
                     Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
 \_\_\_\_\_ \*Injectable Benzodiazepine  
                     Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
                     Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_

**COMMENTS :**

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\_\_\_\_\_  
 Specialist Print Name/Date

\_\_\_\_\_  
 Crew Signature/Date

\_\_\_\_\_  
 Crew Signature/Date

\_\_\_\_\_  
 Specialist Signature/Date

\_\_\_\_\_  
 EMTSP number

\_\_\_\_\_  
 EMTSP number